| REVOCATION OF POWER OF               | Application Number     | 10/648,742                |  |  |
|--------------------------------------|------------------------|---------------------------|--|--|
| ATTORNEY WITH NEW POWER              | Filing Date            | August 26, 2003           |  |  |
| OF ATTORNEY                          | First Named Inventor   | Jeffrey Michael Seuntjens |  |  |
| AND CHANGE OF CORRESPONDENCE ADDRESS | Art Unit               | 2831                      |  |  |
|                                      | Examiner Name          | To Be Assigned            |  |  |
| ADDRESS                              | Attorney Docket Number | KSI-202US1                |  |  |

| $\overline{}$   |                              |             |                   |          |      |          |       |  |  |
|---|------------------------------|-------------|-------------------|----------|------|----------|-------|--|--|
| I hereby revoke all previous powers of attorney given in the above-identified application:  |                              |             |                   |          |      |          |       |  |  |
| ☐ A Power of Attorney is submitted herewith.  OR  |                              |             |                   |          |      |          |       |  |  |
| ☑ I hereby appoint the practitioners associated with the Customer Number: 56223   |                              |             |                   |          |      |          |       |  |  |
| ☑ Please change the correspondence address for the above-identified application to:   |                              |             |                   |          |      |          |       |  |  |
|   | he address a<br>Sustomer Nur |             | vith<br>56223     |          |      |          |       |  |  |
| OR  |                              |             |                   |          |      |          |       |  |  |
| ☐ Firm <i>or</i><br>Individual  | Name                         |             |                   |          |      |          |       |  |  |
| Address   |                              |             |                   |          |      |          |       |  |  |
| City  |                              |             |                   |          |      |          |       |  |  |
| Country   |                              |             |                   | State    |      |          | ZIP   |  |  |
| Telephone   |                              |             |                   | Fax      |      |          |       |  |  |
| I am the:   |                              |             |                   |          |      |          |       |  |  |
| ☐ Appli   | cant/Inventor                |             |                   |          |      |          |       |  |  |
| ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |                              |             |                   |          |      |          |       |  |  |
|   | 1                            | SIGNATUR    | E of Applicant of | r Assign | ee c | f Record | ď     |  |  |
| Signature   | Mu                           | SAA         |                   |          |      |          |       |  |  |
| Name  | David J. An                  | derson, Vic | e President       |          |      |          |       |  |  |
| Date  | Augu                         | st 14,      | 2005              | Telephor | - 1  | , ,      | 784-6 |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  Submit multiple forms if more than one signature is required, see below*. |                              |             |                   |          |      |          |       |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to filling (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S. C. 122 and 37 CFR 1.11 and 1.41. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO.

Suggestion for reducing this butders, should be sent to the Celler information Officer, U.S. Patient and of Tomorrow, P.O. Box 1450, Alexandris, V.A. 2313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2313-1450.